

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000037641

FILED
Apr 28, 2012
Secretary of State

Entity Name: OMEGA PAIN CARE, INC.

Current Principal Place of Business:

837 LAUREL AVENUE
VENICE, FL 34285 US

New Principal Place of Business:

2895 EGRET CT
NORTH PORT, FL 34287 US

Current Mailing Address:

837 LAUREL AVENUE
VENICE, FL 34285 US

New Mailing Address:

2895 EGRET CT
NORTH PORT, FL 34287 US

FEI Number: 20-8715678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, JAMES H
837 LAUREL AVENUE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

COKER, JAMES H
2895 EGRET CT
NORTH PORT, FL 34287 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES H COKER

04/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: COKER, JAMES H
Address: 2895 EGRET CT
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H COKER

P/D

04/28/2012

Electronic Signature of Signing Officer or Director

Date